

Zoning Certificate

Applicant: _____

Property Owner: _____

Property Address: _____ Phone: _____

Assessment I.D. #: _____

Tax Map / Parcel / Lot #: _____

Zoning District: _____

Proposed Improvements / Changes to Property or Proposed New Use of Property:

Signature of Applicant

Date

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OFFICE USE ONLY:

ZC# _____ Fee Paid / Date: _____

Issued By: _____ Date: _____

Conditions: _____
